

Name

Received Verb

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Office:

District

M House

Website: www.maine.gov/ethics

ebsite: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

□ Senate

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Elspeth M Flemings Mailing address

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

25 Eden Street		35
City, zip code	PARENT (BESTER OF BESTER O	Phone
City, zip code Bar Harbor, ME 046	,69	207-669-2073
	***************************************	ź
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY	YANOTHER
List the name and address of each employer fro economic activity of each employer.	m whom you received compensation of \$1	,000 or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
Healthy Acadia	P.O. Box 962, Box Har ME 04609	toos, Commonity Health
Union Paver Watershed Cadition	105 Eden Street, Bar Harbor, ME 04609	Environmental Education
	OME DERIVED FROM SELF-EMPLO Legislators who are self-employed.)	YMENT
A. List the name and address of your business, associated with a partnership, firm, professional entity.	if any, and list the major areas of economic association, or similar business entity, list t	c activity from which you derived income. If the major areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Ad (self)	Major Areas of Economic ctivity Activity (partnership, association or similar business entity)
Name: Address:	**************************************	
Name: Address:		
		AT-ACA

PART 2 (continued). INCOME DERIVED FRO (For Legislators who are self-emp		
B. List each source of income derived from self-employment that represents mor greater, and specify the principal type of economic activity of the entity or pers disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	on from whom you derived	such income. If this form of
Name and Address of Source	Activ	incipal Type of Economic ty of Entity or Person Who is he Source of the Income
Name: Address:	Michael Angleiche gerichten	
Name: Address:		-POYAN-UPP-II-PETTUHANI IA-PARTIPAN BIPANDA IANAHANIAN BIRABAHANIAN BIRABAHANIAN ANAHANIAN BIRABAHANIAN ANAHAN
, reduced.	AS AS	
PART 3. MAJOR AREAS OF P (For Legislators who are attorneys-at	-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas	of practice of your firm. Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(fim)
Name:		
Address:		Town Calabana
Name:	MANANANANANANANANANANANANANANANANANANAN	Man with the the control of the state of the
Address:		The particular allows
PART 4. OTHER SOURCES OF	s tatelina jasesi sa ne salah da 1806).	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this fo	rm. Do not include gifts. It is	ione, check the box.
Name and Address of Source	(ir	Kind of Income exestments, leases, etc.)
Name: Robert Keck Address: 25 Eden St. Apt. 2, Bar Hawlor, ME 04	609 Ren	ted Unit
Name:		Marifold-Maria de consenior se escribero e escribero e escribero e en escribero e en escribero e en el escribero e el escribero e en el escribero e en el escribero e el escriber
Address:	VIIII MILLA LALLA ALLA ALLA ALLA ALLA ALL	
PART 5. REPORTABLE LIAE	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans		
None	kennkritakkeidekkolometanilanni men vinnon enemetannikun ilaiki enimetakin ilaiki menetakin elektrise elektris	
Name and Address of Creditor	Pri	ncipal Type of Economic Activity of Creditor
Name:	Värräkkuustia	
Address:	, amanana ama	
Name:	notorna en en esta de la composition della compo	ndi ahari sihan saman susama sasasa sanni cencusan ura susam susam susam susam sasa susam sa cesa usu susam
Address:	114 Alminatonin	

PART 6.	REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Incl none, check the box.	ude gifts with an aggregate v	value of more than \$300 from a single source. If
☐ None		
Name of Source of Gift		Name of Source of Gift
1. Merton Flemings	3 .	
2.	4.	N-PO-BOOKSY (ABSTUTTER) PO-BOUTTERS (AT THE STORT TO STORT THE TITLE STORT THE STORT T
PART 7. RI	EPORTABLE HONORARI	A
List the source of any honoraria accepted for appearances or	speeches related to your leg	islative responsibilities. If none, check the box.
None		
Name of Source of Honoraria	ira fuuna pääva kanna paätija kuntanga määva muituun päävä puota tunga päävä payun kannin kiytad pannapäänä yy enda päävä kikanna päävä kannin kannin kannin kikannin kikannin kannin kannin kikannin kannin kannin kannin ka	Name of Source of Honoraria
1.	3.	
2.	4.	Address of the sound of the sou
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation of any amount. If none, check the
None	ining kalangan katinasi ng mga mga mga mga mga mga mga mga mga mg	
Name of Agency		Name of Agency
1.	3 .	
2.	4.	illiand ka 1900-ka ka 1911 ka 4 ka 1915 ka 1916 ka
PART 9. BUSIN	IESS WITH STATE AGEN	ICIES
List each executive branch agency to which you or a memb	er of your immediate family	sold goods or services with a value in excess of
\$1,000 during the reporting period. If none, check the box. None	goda enem este esta dum en habende en belondo breidante dos este breignado en el barron en labelado este dibert	with the property of the pro
Name of Agency	gerlarnangit dyngener (il, edilarite fyggl open frenkuger) enannalarnanian namme enemerate kynghyndr enferlilden negnen et j	Name of Agency
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PART 10. INCOME RECEIV		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of	Relationship Kind of Income
	Income Received	
Name:	1.	Spouse or 2
Job Title:	2. 3.	Domestic 2. Partner 3.
		Dependent
If dependent child(ren) receive more than \$1,000 of income		Child
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child
		Dependent Child

in the production and a first contract to the contract of the							
		ation/Business I Address	and defined a filter of a little for the commoder of the special control of the commoder of the control of the	Title	Position Held By:	Family Member's Name	Compensated?
Mount	Desert	Luston	Hospital	Teustee	Salf		No
M444			Servicionis de Servic				According to the second
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				SIGNATURE			
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PART 11. OFFICER OR DIRECTOR POSITIONS